

City of Nicholson
OCCUPATIONAL TAX CERTIFICATE APPLICATION

Section One (To Be Completed By Applicant)

Date: _____

Name of Business _____

Mailing Address _____

Location of Business: _____

Property Owner: _____

Describe Principle Type of Business Conducted: _____ Phone
Number _____

Federal TIN: _____

Date Business Started: _____ Maximum Number of Employees: _____

Note: Please include all full-time and part-time staff. The number of employees shall be determined from your State Employment Security Report.

I hereby certify that the information reported herein is true and correct to the best of my knowledge.

Print Name: _____

Title: _____

Signature: _____ Date: _____

Address: _____

Section TWO (To Be Completed By City Staff)

Administrative Fee _____

Occupational Tax Fee _____

TOTAL DUE TO THE CITY _____

Building Official Signature: _____ Date _____

City Clerk Signature: _____ Date _____

Please Return to:
City of Nicholson
P.O. Box 365
Nicholson, Georgia 30565